	CLAIMS ONLY	Application Number 490 Filling Date
	7-24-07	Applicant(s)
	CLAIMS AS FILED AFTER FIRST AFTER SECOND Indep Depend MENDMENT AMENDMENT	May be used for additional claims or amendments
E	1 muep Depend Indep Depend Indep Depend	d Indep C
<b> </b> -	3 4 5	51 Depend Indep Depend Indep Depend Indep Depend S2 Depend S3
E	6 7	64 55
E	8 9 10	56 57 58
F	11 12 13	59 60
	14	61 62 63
	16 17 16	64 65 66
	9 0	67 68
2	2 / 1	69 70 71
25 25 26		72 73 74
27 28 29		75 76 77
30 31 32		78 79
33 34 35		91 92 63
36 37 38		84 85 86
39 40 41		67 88
42 43		90 90 181
44 45 46		92 93 94
47 48 49		95 96 97
50 Total Indep		96 99 100
Total Depend		Total Indep
Claims		otal Depend Otal Halms
•	1 10	Asims